

Thomas Jefferson Library Friends Volunteer Application

Full name: _____
(Please print)

Home Mailing Address: _____

Day phone number: _____ Cell number: _____

E-mail address: _____

Are you 18 years or older? _____

What is your work status? _____ Full time _____ Part time _____ Retired/Other

Preferred contact method: _____ Phone call _____ Text _____ E-mail

Considering your other obligations do you have time to volunteer? _____

What day(s) are you available to work? _____

What hours are you available to work? _____

Are you able to lift a box of books weighing approximately 20 pounds? _____

Are you able to stand & walk for two hours at a time? _____

What is the highest level of education you have completed?
High School, College, Graduate School (Circle one.)

Do you have a Fairfax Library Card with the Thomas Jefferson Library? _____

What genre of books are your favorite? _____

Do you have experience/skills in graphic arts, blogging, online sales, spreadsheets,
bookkeeping or accounting? _____
(Circle all that apply.)

Why do you wish to volunteer? _____

